Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2,4		4		RATE		FEE		RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 4		X\$ 9=		,	OR	X\$18=	72	
INDEPENDENT CLAIMS			minus 3 =		*		X43=			OR	X86=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+145=		,	OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0"							OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
3-31-06 (Column 1) (Column 2) (Column 3)							SMA	LLI	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 23	Minus	*	-4	=	X,S	9=		OR	X\$18=		
	Independent	. 2	Minus	*** 0	2	=	X43	}=		OR	X86=		
Q	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		+14	5= 1		OR	÷290=		
(× l ^W								TAL			TOTAL		
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT.	FEE !			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=·		OR	X\$18=		
	Independent	* '	Minus	***		<u> </u>	X43	=		OR	X86=	,	
7	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		+14	5=		OR	+290=		
								TAL FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)							
ENT C	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
WQ	Total	. •	Minus	**		=	X\$ 9)=.	•	OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		<u> -</u>	X43	=		OR	X86=		
٩	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		J				+290=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
									-	r 10			
***	f the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	id For IN THI	S SPACE I	s less tha s less tha	n 20, enter "20. In 3. enter "3."	ADDIT.	FEE		OR	ADDIT. FEE		

Application or Docket Number